

California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☐ Progress Report ☐

County	
SIP Period Dates	
Outcome Data Period	
County Child Welfare Agency Director	
Name	
Signature*	
Phone Number	
Mailing Address	
County Chief Probation Officer	
Name	
Signature*	
Phone Number	
Mailing Address	
Public Agency Designated to Administer CAPIT and CBCAP	
Name	
Signature*	
Phone Number	
Mailing Address	
Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	
Signature*	

Mail the original Signature Sheet to:

*Signatures must be in blue ink

Children's Services Outcomes and Accountability Bureau
 Attention: Bureau Chief
 Children and Family Services Division
 California Department of Social Services
 744 P Street, MS 8-12-91
 Sacramento, CA 95814

Contact Information

Child Welfare Agency	Name	
	Agency	
	Phone & E-mail	
	Mailing Address	
Probation Agency	Name	
	Agency	
	Phone & E-mail	
	Mailing Address	
Public Agency Administering CAPIT and CBCAP (if other than Child Welfare)	Name	
	Agency	
	Phone & E-mail	
	Mailing Address	
CAPIT Liaison	Name	
	Agency	
	Phone & E-mail	
	Mailing Address	
CBCAP Liaison	Name	
	Agency	
	Phone & E-mail	
	Mailing Address	
PSSF Liaison	Name	
	Agency	
	Phone & E-mail	
	Mailing Address	